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7590 02/02/2005

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04/22/2005 DEINMANU2 00000135 501567 10074468

01 FC:2501 700.00 DA  
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*Neil D. Gershon*  
*Neil D. Gershon*  
*April 11, 2005*

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,468	02/12/2002	James F. McGuckin JR.	1908	8951

TITLE OF INVENTION: APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAIORINO, ROZ	3763	604-164090

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**
2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 *Neil D. Gershon*  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*Rex Medical, LP.*

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Conshohocken, PA*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *501567* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Neil D. Gershon*

Typed or printed name

Date *April 11, 2005*

Registration No. *32,225*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Docket No.: 1908

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: James F. McGuckin, Jr., et al

Serial No.: 10/074,468 Group Art Unit: 3763

Filed: February 12, 2002 Examiner: Maiorino

For: **Apparatus For Delivering Ablation Fluid to Treat Lesions**

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P.O. Box 1450  
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**CERTIFICATE OF MAILING**

Date of Deposit: 4/14/05

I hereby certify that the following:

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A handwritten signature in black ink, appearing to read "Neil D. Gershon".

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